To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING PRINTED NAMES OF ELECTORS DATE OF SIGNING SIGNATURES OF ELECTORS MUNICIPALITY OF RESIDENCE CONTA STREET & NUMBER OR RURAL ROUTE (Indicate Town, City, or Village) Rural address must also include box or fire no. Email 1. □ Town ☐ Village Phone Email ☐ Town

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Madelei		Velguth	, (certi	tify): I reside at		5. 75 8	<u>5t.</u>	Milway	Kee	Circ	culators , pleas
personally circulated this recall petiti e paper with full knowledge of its co	(Name of Circulation and personally obtacontent on the date indicates	tained each of the signatures of	on this paper. I know that the	the signers are electroresidences given. I	tors of the jurisdiction or	dence — Street name are district represented by the con. I am aware that falsify	the officeholder nar	<i>Circulator M</i> amed in this petition. I know th ation is punishable under S.12.1	hat each person signed		Phone (H
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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			City:	Zip:	,	(Monta) (Est)
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personally circulated	(Name of Circuithis recall petition and personally obtained	ined each of the signature	(Circulate	or's Residence – Street name and diction or district represented by the	officeholder named in this pe	(Circulator Municipality) tition. I know that each person signed
e paper with full know	wledge of its content on the date indices $\frac{7}{20}$	ated opposite his or her na	ame. I know their respective residences given. I support this re	call petition. I am aware that raistryl	ing this certification is pullisha	Page No. (Official Use Only)
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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

i	Return by Jan
!	Committee to
į	PO Box 2569
į	Madison, WI
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Circulators, Please include your conta

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC			
1. Print: Elizabeth Kruger Sign: Elizabeth Kruger	street: 2525 Sheraton Rd.	Drown Structure Brookfield	////20/2 (Mopth) (Day) (Year)	Email Phone			
	chy. Brookfield zip. 53005	(Municipality Name)	()	()			
2. Print Werner E. Kruger Softward Kruger	Street: 2525 Shevaton vd.	☐ Town ☐ Village ☐ City	1 11/20/2	Email			
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mu John E Biegansk	Street: 11221 W DRAKE LAWS	□ Town □ Village	1/1/20/2	Email			
Sign: John & Dieganoles	chy: Fran Klin zap: 53132	FRANKIN (Municipality Name)	(Month) (Day) (Year)	Phone ()			
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G. CITT 1 CO.	Certification of Circulator	- R-1-7-					

Sign:	City:	Zip:		(Municipality Name)	(Month) (Day) (Year)
(Printed Name of Circulator)	Cer certify): I reside at <u>1824</u> (Circulate	tification of Circula S HOFFULAN A- or's Residence – Street Name	ENUE and Number)	CITY OF BREOD (Circulator Mun	nicipality)
I personally circulated this recall petition and personally obtained in this petition. I know that each person signed the precall petition. I am aware that falsifying this certification is Olympia / 20 / 2 (Month) (Day) (Year)	aper with full knowledge of its con	ntent on the date indicated oppositions. Nig State. Manuel	are electors of the juris	sdiction or district represented by know their respective residences gi	iven. I support this

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin State	utes.			PO B
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
ILONA BAUER	Ilona Baues	Street: 3781 S. LOGANAVE	Town YI WAYEL	11 /19/20 <u>11</u> (Month) (Day) (Year)	Email Phone
Agnes C. Perez-Pena	0186	City: 141 LWA MBISBLOS Street: 2766 5 Superior St.	Town Milwaukee,	11 /21/2011	Email
Typics of force ferric	white	City: Mil Wankee, WI zip: 53207	City WI	(Month) (Day) (Year)	Phone ()
Linda L. Becker	Linda y. Becker	Street: 2557 South Shore Drive	Town Milwaukee,	11 /22/2011 (Month) (Day) (Year)	Email Phone
Carlos Perez-Pena	Par lilet.	city: Milwaukee zip: 53207 street: 11982 W. Grange Aue.	Town Hales Cornas,	11/24/2011	Email
Carlos levez-renu	gour was	City Hales Corners, W. 53130	City Wisconjin	(Month) (Day) (Year)	Phone ()
5. Lois Perez-Pera	hi P. Day	Street: 12000 VI GOOD A AVO	Town Hales Carners		Phone Phone
6	our lever tens	Cir. Hales Comerszip. Kajao	- A1	(Month) (Day) (Year)	() Email
Andrew Kozlowski	Krafry Whendli	Street: 804 William Ave. City: South Milwankee Zip: 53172	Town South Milliankee, WI		Phone
7.5 +1 81.12	0.71	Street: 2586 S. Wentworth	Town Milwarkel,	12/4/2011	Email
Scott Slick	score 1	city: Mi Werker wt zip: 53207	City	(Month) (Day) (Year)	Phone ()
8.		=2586 S. Westwoolth Ave	Town Hillstone	12/4/2011	Email
Cheryl Slice	Chel Still	City: Hilwardee Wi zip: 53207	ACity Wi	(Month) (Day) (Year)	Phone ()
9.	Q	Street 5722 WEST BAOOKLYNPL	Town MILWAUKee	12/6/2011	Email
CLYPE BATTLE	Myde Battle	CHY: MILNIAUKEE, WI ZID: 53216	, mugo	(Month) (Day) (Year)	Phone ()
Juliet Lee Battle	hilit Parketla	Street: 5722 W. Bradlam Pl.	Town Williage Milwauker	12/30/2011	Email
ANTIEL HE DUTIL	Julie Rebuile	City: Mi Wauler WI zip: 5326	XCity W1	(Month) (Day) (Year)	Phone ()
21 -2 -	Certification of	of Circulator	0 411		e de la
John Epers	5 /	2581 South Sho	re 12r. Milway	11. ee	

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signey of electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Name of Circulator's Residence – Street name and Number)

(Circulator Municipality)

(Circulator Municipality)

(Circulator Municipality)

(Signature of Circulator)

(Circulator Municipality)

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Round address must also include box or fro no. Conficient Town, City, or Village Conficient Town	,	Constitution and S.9.10 of the Wisconsin Standard Purposes, WHEN DIFFERENT THAN MUNICIPAL	ILLIES. LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NICIPALITY OF RESIDENCE MUST ALWAY	(S BE LISTED.	PO B Madi
2. Joshuc Nelson Street 36.59 5 4/7th 5th 10 10 10 10 10 10 10 1	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	CONT
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Philip more)	- □ Village /	, , , , ,	Phone (262)
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Street:	Johnson	Velphine Ryphesen		- □ Village	· · · —	Phone (414)
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1	Certific	cation of Circulato	r		
Hmanda Cabreza	Nelson	, (certify): I reside at	3059 S.47th St	Milwaukee	
(Name of Circu	llator)	-	(Circulator's Residence - Street name and N	Number) (Circulator Municipali	ty)
personally circulated this recall petition and personally obt					
he paper with full knowledge of its content on the date indi-	icated opposite his or her name. I know their	respective residences given. I s	support this recall petition. I am aware that falsifying t	this certification is punishable under S.12.13(3)(a), W	is. Stats.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1.	,	Street: 315 w rainbow adge opt 813	Town m6-Z Village Oak Creek	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email bruteuhon 201 Phone
Mya Hasan	rige of	City: Oak Creek Zip: 53154	Zeny Jan Ji ce je	(Month) (Day) (Tear)	(414)
2.	"	Street:	Town	/ /20	Email
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	со
1. Mya Hasan	rep &	Street: 315 w rainbow adge opt 813 City: Oak Creek Zip: 53154	Town m6-Z Village Oak Creek	(Month) (Day) (Year)	Email bruteuhom Phone (444)
2.	V	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
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10.		City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Email Phone
Magaret 565-7 (Name of Circ	AWKC , (constant), (constant of the signatures on this paper. I know the	certify): I reside at 3162 5.42 vol 54. (Circulator's Residence – Street name of that the signers are electors of the jurisdiction or district represented by the signers are electors.	he officeholder named in this petition. I know th	Aunicipality)	Circulators, p
paper with full knowledge of its content on the date inc	dicated opposite his or her name. I know their respect	tive residences given. I support this recall petition. I am aware that falsi	fying this certification is punishable under \$.12.	13(3)(a), Wis. Stats.	F

(Signature of Circulator)

(Month)

(Day)

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2. Judith Burrows Judit Burrows Street: 55

City: 61 ☐ Village City Email Phone (Month) (Day) (Year) Email ☐ Town 20 ☐ Village Phone ☐ City (Month) (Day) City: Zip: Email 4. ☐ Town /20 Street: ☐ Village Phone ☐ City (Month) (Day) (Year) Zip: City: Email 5. ☐ Town 20 Street: ☐ Village Phone ☐ City (Month) (Day) Zip: City: Email 6. ☐ Town Street: ☐ Village Phone ☐ City (Month) (Day) (Year) Zip: City: Email 7. ☐ Town 20_ Street ☐ Village Phone ☐ City (Month) (Day) (Year) City: Zip; Email 8. □ Town 20 Street ☐ Village Phone ☐ City (Month) (Day) (Year) Žip: City: Email ☐ Town 20 Street: ☐ Village Phone ☐ City (Month) (Day) (Year) City: Zip: Email 10. ☐ Town ☐ Village irculators, pl

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MARLEN	JE ()11		Certification (of Circulator ify): I reside at 572	Sugarbush	Lane	GREENDALE		 Ci
	recall petition and persons		tures on this paper. I know that t	the signers are electors of the	ulator's Residence — Street na jurisdiction or district represente is recall petition. I am aware tha	ed by the officeholder na		at each person signed	CI
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1. JULIA KLEINEIDER	Julia Kleineider	Street: 1413 Marion AVE SOUTH Milluthy CE (m) City: So, Mil. WI. Zip: 53172	D Town Cly South MILWAUKSE	/2/4/2011 (Month) (Day) (Year)	Phone (4/4)
Helen Rennpferd	Idelen Rempferd	Street: 5115 7 Mile Rd City: Racine Wi zip: 53402	Town Willage City Caledonia	12/5/2011 (Month) (Day) (Year)	Phone (262) 6
3. EDWARD RENNIPFEY	Edward Bempfel	cirRacine wis zip:53402	Town CALEDONIA	12/5/20// (Month) (Day) (Year)	Phone 262 (
BARBARA H. SCUDDER	Barbara H Scudder	Street: 1405-16th Ave City: South Milwanker zip: 53172	Drown South South Milwaukee	/2 /5/2011 (Month) (Day) (Year)	Phone (4/4)
James Keane		Street: 10308 So. Chicago Rd City: Opk Creek zip: 53154	Town Village BCity On K Creek	/2//3/20_1[(Month) (Day) (Year)	Phone (414)
6. BETTY KEANE	Betty Keaus	Street: 10308 S. Chicago Rd. City: Oak Creek Zip: 53154	□ Town □ Yillage City	Month) (Day) (Year)	Phone (414)
JOELLE KLEINEINE	e dette	Street: 711 WILLOW BEND M. City: WASSRFORD Zip: 53185	Down WATELFORD	/2 /2 /2 0 11 (Month) (Day) (Year)	Phone (4)4)
8. Richard D. Kleineider	2 KD	Street: 7/1 Willow Bend Or City: Waterfield wi zip: 57/85	Down De Village City Later Fred	$\int_{\text{(Month) (Day)}} \int_{\text{(Year)}} \int_{\text{(Year)}} \frac{1}{20} \int_{(Ye$	Email 4 Phone (414)6
9.	•	Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
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3. EDWARD RENINIPFEY	Elwes R.	Street: 5115 7 Mile D.	Town CALEDONIA	12/5/2011	Email
EDWARD RENINIPFER	2D Semples	ciRacine wis 219:53402	City	(Month) (Day) (Year)	Phone 2626
4.		Street: 1405-16+h Ave	Town South	12/5/2011	Email
BARBARA H. SCUDDER	Barbara H Scudden	City: South Milwarkel zip: 53172	Mclity Milwaukee	(Month) (Day) (Year)	Phone (4/4) 7
5.		10270 S. Chianan Pd	□ Town	12/1/2011	Email
JAMES KEANE	James E. Koone	City: Onk Creek Zip: 53154	BCity Opk Creek	(Month) (Day) (Year)	Phone (414)
6.		Street: 10308 S. Chicago Rd.	☐ Town ☐ Yillage	n_/is/2011	Email
BETTY KEANE	Betty Keava	City: Oak Creek Zip: \$3154	City	(Month) (Day) (Year)	Phone (414) 7
7.	1-11	Street: 711 WILLOW BEAD DR.	Town	12/22/2011	Email
JOELLE KLEFNETIS	e de france	City: WASIRFORD Zip: 53/85	Devillage WATZEFORD	(Month) (Day) (Year)	Phone (4)4) 2
8.0	2 1/ A	Street 7/1 Willow Bend Or	□Town	1 /5/2012	Email 24
Kichard D. Kleineider	The Robert	City: Waterfiel WI Zio: 57/85	City Waterford	(Month) (Day) (Year)	Phone (414)6
9.		Street:	□Town	/ /20	Email
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	Certification	of Circulator			
I MARY LYNN KLEINEIDER		fy): I reside at 1704 MANITOWOC AVEN	UE SOUTH MIZWA		Circulators, please
(Name of Circul	lator)	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the	l Number) (Circulator M		Phone
the paper with full knowledge of its content on the date indic	cated opposite his or her name. I know their respective	residences given. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under \$.12.1	3(3) a), Wis. Stats.	Email 0
01 / 12 /20/2	2 Mary-Jynn Kleineid	la-Jucha	Page No. (0)	fficial Use Only)	rf
(Month) (Day) (Year)		(Signature of Circulator)	¦ #	į	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	T	<u> </u>	VOTING		,
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	,
PAUNITIL A PARA	- Randon Podendo	Street: \$ 25 W- 215 15 Field Dy-	Town Village City Mushean		Email Phone
MONTY PODENTS	1 1 1 0 0	Street: 575 W 21565 F1500 []	Town Village	/ 8/20/2 (Month) (Day) (Year)	Phone
MONTY CODEWES	Monte Viden S	City: 1/WSK5CO Zip: 53/50	Town		Email (20
Carlene A. Effinger	Carlene A. Estingui	Street: 573 W21675 Field Dr. City: Muskego Wi. zip: 53150	UVillage		Phone (26
	1	C7512175 - 10	[] Town	//8/20 <u>/</u> ≥ (Month) (Day) (Year)	Email Phone
Duane E Ffinge. HERBERYEPFING	ER Hubert Ellinger	Street: 913 WE1673 FIELD EXT. ACity: MUSKEGO Zip: WI Street: BOJSW ZILYS FIELD E City: MUSKEGO LAJISC 53156	Of Town Village City Muskess	/ 8/26 <u>2</u>	Email
1 "~ ,	The second second	Street:	☐ Town ☐ Village	/ /20	Email Phone
· · · · · · · · · · · · · · · · · · ·		City: Zip:	☐ City	(Month) (Day) (Year)	Email
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Carlene Effin	MARN, (cert	of Circulator tify): I reside at <u>\$75WZ1675 Field</u>	dDr. Muskeg	0 53150	~ -J-
(Name of Circul	ulat d r)	(Circulator's Residence – Street name an	and Number) (Circulator)	or Municipality)	Circula Pi

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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Article XIII, Section 12 of the Wisconsin C			TE AND MODELLY MEN OF DESIGNATION MADE ALL WAY	VO DE LICTED	PO Bo Madis
THE MUNICIPALITY USED FOR WATER	G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF TH	VOTING	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Bould 1 a Fort	RAMBE	Street: 2980 S. Wentworth	Uvinage Village	1/13/2012	Email
Devigator Story	300 11000	city: Milneukee, Wi zip: 532		(Month) (Day) (Year)	Phone ()
2.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	□ City	(Month) (Day) (Year)	Phone ()
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JAMES D.	11110000	ertify): I reside at 25 38 5. Spen	+r5% Wilwar	Kle	a
(Name of Circ	culator)	(Circulator's Residence & Street nat	me and Number) (Circulator I	Municipality) that each person signed	Phone
paper with full knowledge of its content on the date ind	dicated opposite his or her name. I know their respective	at the signers are electors of the jurisdiction or district represented to regidences given. I support this secal petition. I am aware that		_	Email
(Month) / (Day) / (20)	- Janes H	(Signature of Circulator)	Page No (8	Officia (is Poly)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569 Madison WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA	
1. Kerri L. Singer	5848 S. 20th St.	□ Town □ Village	12/22/2011	Kerri S	
sign: After L. Singer	city: Milwarker zip: 53221	(Municipality Name)	(Month) (Day) (Year)	Phone (414)	
2. Print: Paul Singer	Street: 5848 5. 20 St.	☐ Town ☐ Village 【City	12/22/2011	Email	
Sign:	chy. Milwankee zip. 53221	Milwaukee (Municipality Name)	(Month) (Day) (Year)	Phone (414)	
3. Darbara Wasechek	Street: 3833 S. 144h St.	☐ Town ☐ Village ☐ City	12/22/20//	Email	
Karbara Waserph	cin. Milwaukee 210.53221	Milwaukee (Municipality Name)	(Month) (Day) (Year)	Phone (H1H)	
4. Nicole Duffy	Street: 2027 A S. Fulton &	☐ Town ☐ Village City	12/22/2011	Émail	
Sign: NUCL DWG	cis: Milwaulde zip: 1453207	(Municipality Name)	(Month) (Day) (Year)	Phone (44)	
5. Print Parick Duffy	street: 2/046 S. Linebarger Ter	☐ Town ☐ Village City	12 /22/ 11	Email	
Sign Patrick Duffy	cir. Milwankee zip. 53207	(Municipality Name)	(Month) (Day) (Year)	Phone (414)	
I, Kathy Clley (Printed Name of Circulator)	Certification of Circulator certify): I reside at 323 1. Story PLW (Circulator's Residence - Sweet Name and N	M MWOU (Circulator Muni	kee	Circulators, Please include your con	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$8.12.13(3)(a), Wis. State

(Day) (Month) (Year)

Circulators, Please include your con

Phone

Committee to

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
	Street: 3/6 E HOWARD AVE	□ Town □ Village City Multiplicipality Name)	Month) (Day) (Year)	Phone ()
Print: Angela Hardy Sign: My	Street: 3438 S. 92 44 5 5 Cay: Milwauker, WI 219: 53227	Town Village Vity (Municipality Name)		Phone ()
Sign School J. Schultz	Street: 5601 S. 39th St.	Town Village City (Municipality Name)	1/5/20 <u>12</u> (Month) (Day) (Year)	Phone ()
Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone ()
5. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	(Month) (Day) (Year)	Phone ()
I, Kothy Colley (Primed Name of Circulal Primed Name o	(certify): I reside at (Circulator's Residence - Street Name and No	wy Milwau umbel (Circulator Muni.	Lele icipality)	Circulators, Please include your conta
	stained each of the signatures on this paper. I know that the signers are electropaper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.13(3)(a), Wis Stats Coutly Could			Phone () Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL		VOTING		
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Thomas Baumen	or Homes Barry	Super: 10130 W RIDGE Guy: HALES CORNERS 2	E RD	□ Town Willage HALES CORNERS □ City	01/01/20/12 (Month) (Day) (Year)	Email Comgau Phone
LOVOTAX Hanka	ottane		12313D	D'Town M'Village Hales Corners City	1/4/20/12 (Month) (Day) (Year)	Email Phone
Ebony Davidson	Ebeny Dewickson	street: 7639 W. Palme H	lo Ave in: 6 3218	Urillage Milwankee	(Month) (Day) (Year)	Email Phone
Annette Prinslow	Queta Prinston	Street: W134 N8721 Esquisons: Menomone Falls WI	ce eo	Town City Menomouse Call	//0/2012 (Month) (Day) (Year)	Phone ()
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the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given pupper this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

PO Box 2569 Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print gnet Debolilo Sign: Just Deposiel	3478 So 119 St West Allis zp. 53227	Town Village City (Municipality Name)	1/4/20 <u>12</u> (Month) (Day) (Year)	TARPO Phone (4/4)
2. Print: JIII Adome Sign: Grape Golganse 3. Print: Angela Orns	5634 W. OKIShama ACE Street: #127	Town Village City (Municipality Name)	//4/20 <u>/</u> (Month) (Day) (Year)	Phone (4/14) 2
sign: 4. C	Street: 14525 Virginia Ave City: Brookfield zip: 53005	▼Town □ Village □ City	/ / 4/20 12 (Month) (Day) (Year)	Phone ()
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1	Certification of Circulator	L		<u></u>
I, HNGEUNE VEZERUTE DEN , (Printed Name of Circulator)	(certify): I reside at 1016 S. 119 44 ST, (Circulator's Residence - Street Name and Nu.)	mber) WEST A U. (Circulator Muni	cipality)	Circulators, Please include your contac

(Frinted Name of Circulator)	(Circulator's Residence - Street Name an	a Number)	(Circulator Municipality)	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	Benedictoner	Monthy	City: M. Lis WI	zip: 53315	☐ Village ☐ City	MILWAUKERB	(Month) (Day) (Year)	Phone ()
6.	/ //-/-		Street: 3110 L) U.G.1	11	□ Town	IR	1 / 11/20 12	Email
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	laquan Johnson	Gaquer Johnson	City: Milw. WI	zip: 53212	□ Village City	Milwaukee	//1/202 (Month) (Day) (Year)	Phone ()
8.				H 5+	□ Town		11/2018	Email
	Phillip Jo Nesse	Philiph Jones Sa	City: Mehw Wisc	zip: 532ab	□ Village ☑ City	MilwAukee	(Month) (Day) (Year)	Phone ()
9.			Street: 21404N 294A	3t	☐ Town ☐ Village ▮		1 /11/200	Email
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i, <u>PAC</u>	IL B BOCK.	MARC /	ify): I reside at 9227	s 797	1 7	WEST AL	LIS	Circulators, pleas
personally	(Name of Circul circulated this recall petition and personally obtains	lator) tained each of the signatures on this paper. I know that		idence – Street name and		(Circulator M) named in this petition. I know tha		Phone
he paper wi	th full knowledge of its content on the date indic	cated opposite his or her name I know their respective	residences given. I support this recall per	ion. I am aware that falsifying	ng this certific	cation is punishable under S.12.1:	3(3)(a), Wis. Stats.	4/4 (5 Email
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(AVIO	nun) (Day) (Tear)			CONTROL .		U JU46) 	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU		'S BE LISTED.	M
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
Michael Richmons	ngg	Street: 2044 N 25 Ju St City: M. M. W. Culler , Zip: 5-3265	Town Willage M. Weaver	Month) (Day) (Year) Email Phone	(
Michil Grandserry	Me Al Sulh	Street: 3R41 W & Uh City: M. MARKEE 53214	Town Juliage Jul. 12 Aut	(Month) (Day) (Year) Email Phone	(
Charles Claybron	s Charles Clay John	street 103 De old 12 city: Milwarko 532 de 9	□ Town TOWAUKL* □ Village □ City	2/15/20 Email Phone	(
Jasmine Smith	Jasuine Saith	city: Milwautelain. 53208	Town Village Millow Rel	Month) (Day) (Year) Email Phone	
Andle Lackett	Inelle Deket	Street: 7 DI KI. COLTOX City: M. Lu Au Kle Zip: 53209	Town Village Williage Dicity		(
Charles Hill	Charles Hill	Street: 4936 103919 STEP City: M (AVKEE PRZIP: S320)	Town Village What Little City Was Life	Z Z 0 Phone	(
		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year) Phone	(
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UL B- BOCKHO (Name of Circu	, (===	of Circulator tify): I reside at 2227 S 797H (Circulator's Residence - Street name an	WFST ALL (Circulator)	CITS Municipality) Circ	culators

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

	1 1 1 1	Return by Committe PO Box 2 Madison,	e to 569
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		Email	"
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Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and 5.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS I	BE LISTED.			
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right Combs	cup. Milwankee zw. 5320	Town Village City (Municipality Name)	/ // 8/20 <u>/ /</u> (Month) (Day) (Yenr)	Phone ()	
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I, Paula Marie Jarosz, (Printed Name of Circulator)	Certification of Circulator	mber) (Circulator Muni	• • •	Circulators, Please include your cont	
I personally circulated this recall petition and personally o	biained each of the signatures on this paper. I know that the signers are elector	t or me junisdiction of district represented by the	Taxament thin	21111	

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day)

Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CO
150 Goodwin	fina Ibad ~	City: 118 W. 10phams	Town West Allis	//J20/2 (Month) (Day) (Year)	Email Phone	
2. Last factuin	facroces Hockies	Street: 9/18 W. Japhan 532/4 City: Zip:	Town West Allo's Utilage Dear	(Month) (Day) (Year)	Email Phone	
3. Kelly Anick	Kelly Anick	Street: 1601 5 167st City: New Berlin zip: 53151	Town West Parin	///2/20_17 (Month) (Day) (Year)	(
* Sanice Reill	Janie Cuill	Street: 2012 N. 49 St. City: Mr. L. Waukel zip: 53208	□ Town □ Village □ City	//3/20 <u>12</u> (Month) (Day) (Year)	Phone (
Victoria Peterson	Victoria Peterson	Street: 1225 S 58TH ST City: West Allis zip: 53214	Town Village West Allis	//13/20 <u>12</u> (Month) (Day) (Year)	Email Phone	
LAWRENCE H. TEGEL	Lawrence H. Tegel	Street: 169 5, 602 57 City: MILWAUKEE Zip: 53214	□ Town □ Village SE City Milwackee	01/13/20 <u>12</u> (Month) (Day) (Year)	Phone ((h)
GARY L. MARSH	You I marsh	Street: 1213 So 58 th St City: WEST ALLIS zip: 53214	Town Village Striy WEST ALLIS	Ol /13/2012 (Month) (Day) (Year)	Email Phone	
8. JUSTIN C RACINDINSK!	Dunoul	Street: 1548 S. 74TH ST. City: WEST ALUS, WI zip: 53214	Town WEST Willage ALLIS	/ /3/2012 (Month) (Day) (Year)	Email Phone	.
"Quinto Johnstone	2 th Johnton	Street: 1536 N 48Th St City: Milwaukee W1 zip: 53708	Town Village Milwaukee	\/\13/20 <u>\2</u>	Email Phone	
Dale Pawlak	Wall Pawell	street: 5539N54th St City: Milwaukee zip:53218	☐ Town ☐ Village ➢City	/ /i3/20/2 (Month) (Day) (Year)	Email Phone)
T M.	Certification (of Circulator	A - 110			

I, OBIAS MICELIO DUIAZDONSKI	(certify): I reside at 2527 5 However	AVE MICWAUKEE
(Name of Circulator)	(Circulator's Residence – Street name and Ni	umber) (Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know		
the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respe	ective residences given. I support this recall petition. I am aware that falsifying the	his certification is punishable under S.12.13(3)(a), Wis. Stats.
$\frac{1}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20/2}{\text{(Year)}}$	(Signature of Circulator)	O U 4 6 S

onsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to R PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA		
1. Print: RICHARO LANSING OU. H.:	NGB W30964 CLUB CIRCLE-E	Yown Village City	// /3a/20 <u>//</u> (Month) (Day) (Year)	Email Richael Phone		
Signi Suffel Classing	CHY: HARTLAND Zip: 53029	(Municipality Name)	(Month) (Day) (Year)	(262)		
Print: ANN LANSING	Street N68W 30964 CLUB CIRCLE E	© Fown ☐ Village ☐ City	11/30/2011	Email		
Sign: Aun Fausing	CHY: HARTLAND ZID: 53029	MERTON (Municipality Name)	(Month) (Day) (Year)	Phone ()		
3. Charles Feeter	Street WISO 57179 Westcot	☐ Town ☐ Village ☐ City	10/0/	Email		
Sign:	City: Zip:	MUSKEGO (Municipality Name)	12/9/20// (Month) (Day) (Year)	Phone ()		
4. Print: James Lansing	Street: 2757 5. 76° St.	☐ Town ☐ Village ☐ City	1.101	Email		
Stan Janes anomy	city: Wast Allis Zip: L& 53219	Most Allis (Municipality Name)	(Month) (Day) (Year)	Phone ()		
5. Print:	Street:	☐ Town ☐ Village ☐ City	1 /22	Email		
Sign:	City: Zip:	(Municipality Name)	/ 20 (Month) (Day) (Year)	Phone ()		
	Certification of Circulator	**************************************		 		
I, VIEHARD KANSING (Printed Name of Circulator)	(certify): I reside at W68 W30964 LOB CIRC (Circulator's Residence – Street Name and Nu	te e HARTLE mber) (Circulator Muni		Circulators, Please include your conto		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats

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THE MARKET TERM A COLUMN TO THE TERM TO THE T	NUTUM OSES, WILLY DITTERENT THE MOTIVE	ALITI OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MOT	VOTING	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1.	una Danka	Street: W3607 State Rd - ZO	Town □ Village	12/18/2011	Email
Mary Brehm	Mary Brehm	city: EAS+ Troy Zip: 53120	City Troy	(Month) (Day) (Year)	Phone ()
2.		Street: 2923 S. CLEVELAND PK DRIVE	□ Town □ Village	12/19/20//	Email
JAMES PONZI (and Tongl	City: WEST ALLIS Zip: 53219	I TO CHE I A A A A A A A A A A A A A A A A A A	(Month) (Day) (Year)	Phone ()
JAMES PONZI (KEVIN BRODE		Street: 1240 RIVERTON DR	☐ Town SeVillage	1/5/2012	Email
KEVIN BRODE	Kenn Drods	CHY: MUKWONAGO Zip: 53149	City MULMONAGE	(Month) (Day) (Year)	()
4. Jacob Toepfer	A. O. Tand	street: 8324 Gridley Ave	□ Town □ Village □ 1 1	1 /13/2012	Email
	pay logge	city: Waver to 5a zip: 53213	Escity Waluatosa	(Month) (Day) (Year)	Phone ()
5.	1 A. A Lan	Street: 8724 Gridley Ave.	□ Town □ Village 14 cc. 4 cc.	1 /13/20/2	Email
Eric J. Toepfer	Just Toll	cay: Wauwatosa zip: 53213	Village Wauwatosa	(Month) (Day) (Year)	Phone ()
6.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	City	(Month) (Day) (Year)	Phone ()
7.		Street:	□ Town □ Village	/ /20	Email
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. · ·		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
10.		Street:	□Town	/ /20	Email
		City: Zip:	- □ Village □ City	(Month) (Day) (Year)	Phone ()
	Contification	on of Circulator	<u> </u>		

	10.	Street:		☐ Town ☐ Village		/ /20
		City:	Zip:	☐ City		(Month) (Day) (Yo
		Certification of Circulator				
_	Exit J. Torpfer	, (certify): I reside at	8324 Gridley Ava	<i>ર</i>	Wannato	19
	(Name of Circul		Circulator's Residence – Street name and		(Circulator M	
pe ie	ersonally circulated this recall petition and personally obtated paper with full knowledge of its content on the date indicate in	ained each of the signatures on this paper. I know that the signers are electors of ated opposite his or her name. I know their respective residences given. I supp	of the jurisdiction or district represented by the fort this recall petition. I am aware that falsifying	 officeholder named in the ing this certification is pur 	is petition. I know that nishable under S.12.1?	it each person sign 3(3)(a), Wis. State
_	$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20/2}{\text{(Year)}}$	(Signature of Circu	lator)	<u> </u>	Page No. (Off	icial Use Only)

Circulators, plea

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THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALI.	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Adams Rids	Achristus	Street: 6147 N. 83 ST	Town Village Milwanket	1 /6/2012 (Month) (Day) (Year)	Email Phone
usana olivary	Susana olivare	Street: [032 A 5 205+ City: Milwake Zip: 53200	□Town □Village □City U (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Email
	Resuccaknen	Street: 2801 S Th St City: MIWWFLY WI Zip: \$3345	☐ Town ☐ Village	(Month) (Day) (Year)	Email Phone
NOY PARMANN	(IR	Street: 2543A S.GRAHAM ST City: MILWAUKEE ZIP: 53227	Town Village Munaree	(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
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		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email
`		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone

(Circulator's Residence – Street name and Number) (certify): I reside at (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures or this paper. I know that he signers are sectors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her pame. I know their respective resplication, I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Article XIII, Section 12 of the Wisconsin Cor THE MUNICIPALITY USED FOR MAILING		ITES. TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN.	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		PO I
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
1. ERWINE ROTHER	Ewin & Rother	Street: 2409 PEBBIE VALLEYRA		11/29/20 (Month) (Day) (Year)	Email Phone	1/2
2. RANDOLL KVINGBEIL 3. Janna	Randely wash	Street: 15879 S. Honey Creek Dr. City: Milwaukee zip53221	□ Town □ Village City	12/6/20 <u>11</u> (Month) (Day) (Year)	Email	262)_
MICALIC	Jeans	street: 3879 S. Honey Creek Dr. City: Milwaukee zip:53221	□ Town □ Village City	12 /6 /20[[(Month) (Day) (Year)	Email	-114
Cynthia SCIANO 5. PETE PHILIPS	Cypia Sciano	street: 939 W. Cameron Ave City: M/warcher Zip: 53225	□ Town □ Village City	/2/8/20// (Month) (Day) (Year)		114)
DETE PHILIPS	File Million -	382/W. Edgiston ave. 5322/ Street: W. Edgiston ave. 5322/	□ Town □ Village City	//2/20 <u>/2</u> (Month) (Day) (Year)		14)
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone)
8.		Street:	□ Town □ Village □ City	/ /20	Email Phone	
9.		City: Zip:	□ Town □ Village □ City	/ /20	Email Phone)
10.		City: Zip: Street:	□ Town	(Month) (Day) (Year)	Email)
l	Contification of	City: Zip:	□ City	(Month) (Day) (Year)	Phone ()

		Rural address must also include box or fire no.	(Indicate Town, City, or Village)		L
1. ERWINE ROTHER	Ewin & Rother	Street: 2409 PEBBIZ VALLEYRO	La village	11/29/20_	Email
		City: WAURESHA Zip: 53188	X City	(Month) (Day) (Year)	Phone (262)
2. RANDALL KLINGBEIL	Kandaly 10	Street 15879 S. Honey Crock Dr.	□ Town □ Village	12/6/2011	Email
KLINGBEIL	* Klingb	City. Milwaukee zip53321	City	(Month) (Day) (Year)	Phone (4/4)
3. ASIMA	All Oull m	Street: 3879 S. Honey Creek Dr.	□ Town □ y illage	12/6/20[[Email
Wall	1 xues	city: Milwaukre zin53221	Uyillage City	(Month) (Day) (Year)	Phone (4/14
4.	0	10939 W. Cameron Ave	□ Town □ Village	12/8/20/1	Email
Cynthia SCIANO PETE PHILLIPS	Cypia Sciano	City: M/waysee Zip: \$3225	City	(Month) (Day) (Year)	Phone (414)
5. <i>i</i>	7	382/W. Edgiston ave. 5 322/	□ Town □ Village	1 /12/20/12	Email
PETE SHILLIPS	Tile Million -	Drenfield Wi 210: 53221	City	(Month) (Day) (Year)	Phone (414)
6.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
7.		Street:	□ Town □ Village	/ /20	Email
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(A) 1 7	. Certification of	of Circulator	. 14.11	n . L.E	`~ []
(Name of Circul	uioi)	fy): I reside at <u>625 E. Ravens V</u> (Circulator's Residence – Street name and	(Circulator II	инистрину)	Circulators, pl
sonally circulated this recall petition and personally obta aper with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that the ated opposite his or her name. I know their respective respec	ne signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifyin	officeholder named in this petition. I know the generation that the thing this certification is punishable under S.12.1	nat each person signed 13(3)(a), Wis. Stats.	Email
1 1 13 120 6	2 Ruchard	fanoné	Pagevia (D)	ffic at yse Only)	Email

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Brian Fink	street: 9023 W. Hawthorne Aul	□ Town □ Village □ City (Municipality Name)	01/02/20 <u>12</u> (Month) (Day) (Year)	Brail BRF
Har. Jonette Fink	street: 9023 W. Hawthome ave	Town Village VCity (Municipality Name)	l /2/2012 (Month) (Day) (Year)	Email a Phone (414
and Sanjecora	Street: 9033 W. Haw thorne Ave	Town Village City (Municipality Name)	/ /2/20/3 (Month) (Day) (Year)	Email PAMU Phone (414
tathermet. Fire	/	Town Stillage City (Municipality Name)		Phone
Robert & Fink	Street: 2/55 N/24 St EL VM Grobe WI 53122 City: Zup:	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (262
Prian Fint	Certification of Circulator	e 1.0 Milion		,

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recall petition. I am aware that falsifying this certification is punishable under \$1.2.13(3)(a). Wis \$150.00

(Circulator's Residence - Street Name and Number)

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recall petition. I am aware	that falsifying	this certification is puni	ishable under S.12.130	(3)(a), Wis, Stats.	••		<i>y</i>	
01 ,	11	/20.12	-		1 >	;	Page No. (Official Use Only)	!

(Month) (Day) (Year)

(Printed Name of Circulator)

0+00473

(Circulator Municipality)

Return by J Committee

PO Box 256

Circulators, Please include your con

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son Reme Henring	streetS77 W18312 Janes 1/6/20	Town Village City Muskow (Municipality Name)	1/10/201Z (Month) (Day) (Year)	Phone (6 子)			
Print: MATT Ruehle Sign: MMDrul	city: Muskegs WI, Zip: 53150	□ Town □ Village ■ City Muskes v (Municipality Name)	//0/20/2 (Month) (Day) (Year)	Phone (4/4)			
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()			
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5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()			
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I personally circulated	this recall petition	and personally obtained each	ch of the signature	es on this paper. I know t	hat the signers are electo	rs of the jurisdicti	on or district represented by t	he officeholder
named in this petition.	I know that each p	erson signed the paper with	full knowledge of	f its content on the date i	ndicated opposite his or	her name. I know	their respective residences gi	ven. I support this
recall petition. I am aw	are that falsifying	this certification is punishal	ole under S 12.13((3)(a), Wis/Stats.				
(n)	11						Dec. M. competer	

(Circulator's Residence - Street Name and Number)

(Day) (Signature of Circulator)

(Printed Name of Circulator)

(certify): I reside at

(Circulator Municipality)

Milwaukee

Return by J

Committee 1 PO Box 256

Circulators, Please include your co

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

(Name of Circulator)

(Year)

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JILL PETERMANN	Jel Peterman	Street: 6775 W. BECKER ST 301 City: WEST All is zip: 53219	Town WEST West Allis	// <i>O</i> /20/2. (Month) (Day) (Year)	Phone (414)	
Charles Griffin	Chas Dell-	Street: 5000 W NOHONAL City: MILWAUHEERW Zip: \$3295	D Town Dyillage MILWAUK EE	1 /10/2012 (Month) (Day) (Year)	Phone (224)4	
Brad Barnes	Brad Barns	Street: \$6040 S Culdwood \$22 City: Oak Creek zip: 53154	Drown Village Bak Crock	//0/20/2 (Month) (Day) (Year)	Email Phone () Email	
Rosite Monoz	Rosite Munga	Street: 1427 5th (0th City: Mill Mark e P Zip: 53 Zo4	Town Village Millawker	//8/2012 (Month) (Day) (Year)		
Reinette Goebel	Kunt hall	Street: MILLIAURE BN City: UJ4 (MADISONACH 5320)	Ocity MILWAUK SE	/ / 10/2012 (Month) (Day) (Year)	Phone ()	
Donald P. House	Nonald buse	Street: 918 S 2757 City: MILWAUNEE Zip: 5320A	Town Utillage MILWAVKEE	1 / 10/20 <u>12</u> (Month) (Day) (Year)	Phone (414) 5	
April Chartier	apple	sirgh: 17445116th City: Mi I Wasker zip:53219	Town with se	/10/20 <u>12</u> (Month) (Day) (Year)	Phone (414)	
8.	, 0,	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20	Email Phone	
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10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone ()	
KAREN A. HAR		of Circulator tify): I reside at いょろしろし473 SHER wood	CT MUSKECU		Circulators, pleas	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. Uknow their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator Municipality)

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1. JAMES L. MEAS	Sagurnd	Street: 1515 W. MAHONAI City: MINWEED City: 53104	Town Village M. I wante	/10/20/2 (Month) (Day) (Year)	()_
Darius D Barksdak	Dazus Barksdar	Street: 3028 N. 39 St City: Milwaukee WI zip: 53210	Town Utillage City MIWAUKEL	/ / / / 20 13 (Month) (Day) (Year)	Email Phone ()
3. Nicole Smith	hale Smith	Street: 2485 w. Vliet. St City: Milwaukee zip: 53208	Town Village Scity Ul'Iwanka	(Mouth) (Day) (Year)	Email Phone () Email
Kelly Lutes	Koby R. Rub	Street: 3328 W. Branting Ln City: Milwauker zip: 53215	Town Village Ocity Milwaukel	1 /10/2012 (Month) (Day) (Year)	Phone ()
Daisy Aldre	Daise Blook	Street: 1422 S. JOHN St City: William Chee Wap: 53001	Town Village Milwahee	1 // C) 20/2 (Month) (Day) (Year)	Phone () Email
6.	, v	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone () Email
7.		Street: City: 246:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone () Email
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20	Phone ()
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KAREN A HA (Name of Circus I personally circulated this recall petition and personally obtained the paper with full knowledge of its content on the date indice	ulator) tained each of the signatures on this paper. I know that t	tify): I reside at \(\frac{\omega 36 \omega 473 \text{SHERWO}}{(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	nd Number) (Circulator Me officeholder named in this petition. I know the	Municipality) that each person signed	Phone (A
1, 11, 120 1	2 Karen a	residences given. I support this recall petition. I am aware that falsifyi	NPageNo. (official Use Only)	Email Karer

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Shirley A reimon Phillip Philomon To Creatification of Circulator (Corcilors Aprel 1982) The Salar Sa	1 1	A LA	Street: 5200 S.	Tuckaway Blk	V □ Town	1/13/20/2	Shirley Phone
Seconds	Shirley M. Drein	non Thirty Them	City: Green Field	Zip: 5322 (City Green Field	(Month) (Day) (Year)	Phone (4/4)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA	
1. Print: Donna Uselmann	W281 N7092 Huntington	□ Town ☑ Village □ City	1/13/20/2	Email	
Sign: Albrina Milman	Hartland 53029	(Municipality Name)	(Month) (Day) (Year)	Phone ()	
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
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Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ()	
(-) 11-1	Certification of Circulator				
I, Orcany Uselman, ((Printed Name of Circulator)	certify): I reside at WV81N7092NHA. (Circulator's Residence – Street Name and Nur	ntonjen Ct William	india)	Circulators,	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.						
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1. Print rnest Iwanshi sign: Ernest Jelmanchi	strong 016 East Lane city New Berlin 21153146 2016 EAST Lane	Town Usuage Wew Berlin (Municipality Name)	19-76-11 1115-2011 (Month) (Day) (Year)	Phone ()		
2. Marlene Iwanski sign: Marlene Iwanski	2016 EAST Lane street: New Berlin 53146	Town Village XCity New Berkin (Municipality Name)	12/25/2011 (Month) (Day) (Year)	Phone ()		
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()		
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()		
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone		
I, CARULE MANUE. (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 2976 Girculator's Residence - Street Name and No	umber) WILWAU (Circulator Mun		Circulators, Please include your cont		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S/2.13(3)(a), Wis. Stats.

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Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to I PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT		
1. Print: ELIZABETH STROIK Sign: El o'pleuth Strale	Street: 12103 W. JRFFRRSON TER City: FRANKLIN Zip: 53132	Town Village City FRANKLIN (Municipality Name)	12/7/2011 (Month) (Day) (Year)	estroika Phone (414)2		
2. Print Sarah Seifert sign Sarah Saifart	street: W164S6719 Chamberlain Hill &cty: Muskegs zu: \$253/50	□ Town □ Village A City Muskess (Municipality Name)	1/10/20 <u>[2</u> (Month) (Day) (Year)	Email Phone ()		
3. Print: KELLY CECH Sign Kelly Cech	Street: 1407 E. BUCKWOOD DR. City: DAK CLEEK Zip: 53154	☐ Town ☐ Village ☐ City CAK CREEK (Municipality Name)	////20 <u>/2</u> (Month) (Day) (Year)	Cechshet Phone (414) 2		
4. Print: Joan M. Ketchum sign: Jahn M. Ketchum	Street: 1427 E. Burkwood D. City: Oah Creck Zip: 53154	Town Utillage City (Municipality Name)	////20 <u>17</u> (Month) (Day) (Year)	Phone (44) 7		
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()		
I, Heather Shetbul (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 1407 E. Buckinson Dr. (Circulator's Residence - Street Name and Num	mber) Oak Cree		Circulators, Please include your contact		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a). Wis. Stats.

01/	13	120/2	Healt SUL
(Month)	(Day)	(Year)	(Signature of Cffculator)

Please include your contact

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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44474	officeholder n. I support this Only)	ors of the jurisdiction or district represented by the offici- her name. I know their respective residences given. Is: Page No. (Official Use Only)	I personally circulated this result petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder manded in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall potion, I am aware that falsifying this certification is punishable under \$ 1.2.13(3)(a), Wis Stages.	I personally circulated this recall petition and personally of mamed in this perition. I know that each person signed the recall petition. I am aware that falsifying this certification
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Committee to Rec PO Box 2569	Governor Scott	of Wisconsin petition for the recall of (Wisconsin Statutes.	To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.	To the Wisconsin Government Accountability Walker from office pursuant to Article XIII, 8
Return by Januar		CALL PETITION	SCOTT WALKER RECALL PETITION	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Stat	utes.	<u> </u>		PO E
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1. Diane Kuznia	Dien Kuznia	Street: 3774 E. Grange City: Cudah J Zip: 53110	aman. A	Inth) (Day) (Year) Email Phone	
2. Ryan Balthazor	Pan Ballhy	street: 4505 W. Ramsey #56 City: Greendale zip: 53129	Nown Village		
3. Kathy Weiss	Withy Weiss	street: 28/9 S. Logan Ave	Town Village Milwaulcee	Email Phone	
4. Ruth Dsows ki	Ruth J. Osowski	Street: 1608 Manitowoo Rue City: South Milwankee Zip: 53/12	Town / Willage / Monte (Monte	//O/2012 Email Phone	
5. Grey King	Son 12:	Street: 3514 3rd Ave city: South Milwaylle zip: 53172	□ Town □ Village	honth) (Day) (Year) Email Phone	
6. Ellyn Mudlerheide	Edyn Muckehaile	street 516 Milwauker Ave	☐ Town ☐ Village	//0/20/2) Email Phone	(4/%)
Winona Doxtator	Wimona Dostaton	street: 515 Montana Ave City: Saleta Beb zip:53172			(414)5
Danielle Miller	Danielle Miller	Street: 3715 E Squire Ave Uppr City: Cudahy, WI zip: 53110	☐ Town ☐ Village	/6 /2013 Email Phone	(414)
share Hubbell	She Bleel	Street: 5715 E Sayine Au . City: Cudahy wt zip: 53110	Town O I O I O O O O O O O O O O O O O O O		(414)
KEITH SALAKAR	M	Street: 2603 N. 6157 STREET City: MICHAUKEE Zip: 53213		honth) (Day) (Year) Email (V) Phone	IKING
$O \cap \overline{\Box}$	Certification of		100 210		

3420 E. Carol (* (certify): I reside at (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year) (Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and S.9.10 of the V	Visconsin Statutes.		PO Box 2569
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1. Print: Ramiro Rivas Sign: Ramin Bin	Street: 4551 So taylor AVE City: Mil Zip: 53207	Town Village City M. L. W. V. K. Z. (Municipality Name)	// //8/20// (Month) (Day) (Year)	Phone (4/4/)
2. Print: Holly Lavora	Street: 1911 5.6941 57 City: We ST A1115 zip: 53219	Town Village City All S (Municipality Name)	/1/2/2011 (Month) (Day) (Year)	Email (Viv)837 Phone ()
PrinCarmelo Cortes	Street: 1209 W MOLGGN QUE City: MIW Zip: 53221	Town Village M // Wauk ee (Municipality Name)	12/12/20/11 (Month) (Day) (Year)	Phone ()
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
Tarmelo Cortes (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 1209 W MO 1991 (Circulator's Residence - Street Name and Nu	mber) (Circulator Munic	Tukee (1)	Circulators, Please include your conta

f personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats

(Day) (Signature of Circulator)

Page No. (Official Use Only)

Return by Jar Committee to

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Sco Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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tt	1	Committee to PO Box 2569 Madison, WI
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1. Print: Beginald L. Williams SR Sign: Lill Auth &	Street: 3680 S, 5' P10-CR	Town Dyillage Of City (Municipality Name)	///8/20// (Month) (Day) (Year)	Email
2.	city: M. Iwarkee zip: 53207			(4/4) Email
Print: Jerrence Griffin	Street: 1330 N. 94th Pl	Town Village Pacity	(Month) (Day) (Year)	Phone
3. Print: LORI A Nadeau Hall	city: Milwaukee zip: 53266	□ Town		Email
Signy Jou A. Madlau Hall	city: Milwaukee zip: 53215	□ Village ▼City Milwaukee Co. (Municipality Name)	// /18/20_// (Month) (Day) (Year)	Phone (4/4)
4. Print: Collette Roberts Q. 1000 DA	Street: 5106 A. 21 St	Town Village Dicity Milwankee	11 /18/2011 (Marth (Day) (Var)	Email
Sign: OCCUPATION OF THE SIGN O	city: Milwaukee zip: 53209	(Municipality Name)	(Month) (Day) (Year)	(4/4)
5. Sign onse rayon	Street: 1727 N22nd St. City: 1 WAU KEE Zip: 53205	Town Village (Municipality Name)	1 / 18/20 1 (Month) (Day) (Year)	Phone
Carmelo Cortes	Certification of Circulator	MIWAU	kee @	, , <u>, , (</u>

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full intowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12,13(3)(a), Wis. Stats

(Day) (Month)

(Printed Name of Circulator)

(Signature of Circulator)

(Circulator's Residence - Street Name and Number)

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LAreseTurner	Laties Ton	Street: 4063 N.23 A & City: Milwanker zip: 53209	Town Village City Milwaukee	12/12/20_11 (Month) (Day) (Year)	Email Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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GREGORY MARK VANDHERY	GM. Vacley	Street: W143N9760 AMBER DR. City: GERMANTOWN zip: 530ZZ	Drown GERMANTOWN	Ol/11/20_1Z (Month) (Day) (Year)	Phone (
2. Nathaniel Leon Ray	7	street: 7120 W. Eden Pl. City: Milwarkee zip: 53220	Town Village Milwankee	0 /1 /2012 (Month) (Day) (Year)	Phone (Email
3.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone (
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5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Email Phone
7.	• 1	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
8.		Street:	☐ Town ☐ Village ☐ City	/ /20 (Munth) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
Jean C. K	Certification		ct. Green	dale	

Certification of Circulator

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that the signers are electors of the jurisdiction or district represe

Circulators
Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Hichael B Meyer	Nies to by	Street: 13060 W. Nations and City: New Berfin 2453 (5)		01/12/20/2 (Month) (Day) (Year)
		Street: City: Z4p:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) _ (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)

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	Heather 1 Marga	Certific	cation of Circulator	Off 1 / Mildou of Mar	Nou Bar	lin
, <u> </u>	(Name of Circul	,		rculator's Residence - Street name and	l Number) (Circulator I	Municipality)
	rsonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indic					
	$\frac{12}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	77	(Signature of Circula	tor)	\\docume{O} \docume{O} \doc	Official Use Only)
				,	i	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569 WI 5

	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPAL THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWA	JITY OF RESIDENCE, IS NOT SUFFICIENT. YS BE LISTED.		Madisc
NAME & SIGNATURES OF ELECTORS 1.	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	<u> </u>
Sign: John & Learn & Le	street: W. 327 S. 7623 Squire Li city: Mulcwanage zip: 53149	Town Village City; MUCWonago. (Municipality Name)	[//3/20]] (Month) (Day) (Year)	Email Phone
Steric Eugene Chin Steric Eugenechi 3.	559 greenfield dr. graftan Chy. Table 19 21pt 53024	Town Svillage City (Municipality Name)	/13/2012 (Month) (Day) (Year)	Email Phone
Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Email Phone
Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
(Frintea Name of Circulator)	Certification of Circulator certify): I reside at 1325 W Four to 10 (Circulator's Residence - Street Name and Nur	mber) (Circulator Municip	C.	irculators,
personally circulated this recall petition and personally obmed in this petition. I know that each person signed the person light that falsifying this certification is (Month) (Day) (Year)	tained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or he punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)	rs of the jurisdiction or district represented by the ore name. I know their respective residences given. Page No. (Official Use On # 100048)	fficeholder I support this	Phone (414 Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 25

THE MUNICIPALITY I	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	IY OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madiso
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	0
1. Print 490 Wess JR Sign: Ottes Wess gr	Street: 5701 W Silverbeat wave	Town Willage City Brown Deer (Municipality Name)	/ / 20 <u>12</u> (Month) (Day) (Year)	Phone (1)
2. Print: Monika Wess Sign: Monika Wess	Street: 5701 W. Silverleaf Lane Ony: Brown Deer 210: 53223	Town Stylllage City Brown Deer (Municipality Name)	1 / 11/20 <u>12</u> (Month) (Day) (Year)	Phone (4/4
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
4. Print. Sign.	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone (
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ Ciry (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone

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(Circulator's Residence - Street Name and Number)

(Month) / (Day) / 20/2 Bolly Staples (Signature of Circhiator)

(Frinted Name of Circulator)

Page No. (Official Use Only)

(Circulator Municipality)

Circulators,
Please include yo

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C	
1. Print: PMY Hartung Sign: Amy Harlung	street: 217 E. OKlahma Ave.	Town Village City (Municipality Name)	//1/2012 (Month) (Day) (Year)	Email Phone	
2. Print: Logan Teven Sign: Poyan Towen 3.	street: 217 E. Oklahoma, Ave.	Town Village City (Municipality Name)	/8/20 <u>17</u> (Month) (Day) (Year)	Email Phone	
Print:Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
5. Print	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
(Printed Name of Circulator) I personally circulated this recall petition and personally ob-	Certification of Circulator 2851 SIRW ST (Circulator's Residence - Street Name and Num tained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or h	s of the invisdiction or district represented by the	ripality)	Circulators, Please include you Phone (2)4	

au petition. I am a	ware that falsifying t	his certification is punis	shable under S.12.13(3)(a), Wis, Stats.	
(Month)	(Day)		Donna Marie Harrer (Signature of Circulator)	Page No. (Official
			(Signature of Circulator)	

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Return by

Committee

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to PO Box 256 Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Print: Awdy Widnawn Sign: Grey Will	Street: 3150 S. 1244 St. City: Mi/waykee zip: 53215	□ Town □ Village ■ City ■ Milus 44kee (Municipality Name)	2 19 20 <u> </u> (Month) (Day) (Year)	Phone (
2. Print: LOR) Bauerschmit sign Jori Bauerschmit	T _{street:} 2424 So. 29th City: Mh zip: Wi	Town Village City Multipality Name)	12 119/2011 (Month) (Day) (Year)	Email Phone	
sign: Loretta Scott	Street: 14455,55 threet Wilwauka 53214	Town Village City (Municipality Name)	/ H [] 20 [/ (Month) (Day) (Year)	Phone	
4. Tamela J. Rivera Sign: Tamela J. Rivera	Oak Creek, WI 53/54	Town Village City Cat Creek (Municipality Name)	/2 / 19/20 11 (Month) (Day) (Year)	Phone	
5. Print: Mirian Herreva Sign: Niman Herreva	City: Zip: Str. 54. 3325 5.68 Str. 54. Street: City: Milwaukee zip: 53219	Town Village Delty Wark of (Municipality Name)	[2]/9/20// (Month) (Day) (Year)	Phone (
I, Johnson - Ma (Printed Name of Circulator)	Certification of Circulator Sertify): I reside at Circulator's Residence – Street Name and Nucleon	mber) Greenfield (Circulator Munic	ipality)	Circulator	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Year)

Signature of Circulatory

Page No. (Official Use Only)

(4/)

Ma

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to PO Box 256

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C	
1. Print: Gilbert J. Garcia Sign: Jan J. J.	Street: 2953 5. 55 th 51.	Town Village City (Municipality Name)	/2/19/2011 (Month) (Day) (Year)	Phone (
2. Print: Par Sei Per Sign: Jan Somw	3758 S, 68 Siree: Milwauhee zip: 53220	Town Village City (Municipality Name)	12/19/20/1 (Month) (Day) (Year)	Email Phone	
Sign: Wan welcas	civ/sreensale zip: 53/29	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (
4. NOODY ANDERSON Sign: MOUNTY	street 3404 5,69 St. Silver Milwaukee 253219	Town Usuage City (Municipality Name)	13-119/20/1 (Month) (Day) (Year)	Phone (
5. Print Jessica Mattick	Street: 3149A 546th Street: 3149A 546th Street: 33319	Town Usillage City Greenfe! d (Municipality Name) Greenfiel P	12/19/2011 (Month) (Day) (Year)	Phone (
(Printed Name of Circulator)	Certification of Circulator (certify): I reside at 3143 5.46 (Circulator's Residence – Street Name and Nuclear Street Name and Nuclear Street Name and Nuclear Name Name Nuclear Name Name Nuclear Name Name Name Name Name Name Name Name			Circulators, Please include ye	

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 25

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
1. GAIL L. LYON	2732 & 96 St Street:	□ Town □ Village City	12/19/2011	Email
significant X Xyon	culled allig WI zip. 53227	(Municipality Name)	(Month) (Day) (Year)	Phone (
2. Print: DARRELL BORKOWS		□ Town □ Village	12/19/2011	Email
Sign:	city: CUDAHY zip: WI	CUDAH Y (Municipality Name)	(Month) (Day) (Year)	Phone (
3. Rabi R. Ashi kari	Street: 4540 N Wilson Dr. Agt 4	□ Town □ Village □ City	12/19/2011	Email
Sign:	city: Shoneword zip: 53211	Shore wood (Municipality Name)	(Month) (Day) (Year)	(
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
TI Toh Ma	Certification of Circulator	Croonfol O		<u> </u>
I, Johann Johnson - 11 a. (Printed Name of Circulator)	(certify): I reside at 3143 S. 46 St. (Circulator's Residence – Street Name and Nu	(Circulator Muni	icipality)	Circulators, Please include you Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Recall Scott V PO Box 1651 Madison, WI

Please include your

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
1. CAROL L. METCA	LF 8150 25 TH UE	Town Village City TOTOWN	13/3/2021	Email	
sun Carol J Miteay	SEN HARWIN53143	(Municipality Name)	(Month) (Day) (Year)	Phone 461	
2. Print: CArol Peronto Ston Carol Ceronto	Street: 4559 S, Kingan alex	□ Town □ Village 2 by City	1/2/2012	Email	
	an Eudahy J. Char 5'3110	(Municipality Name)	(Month) (Day) (Year)	(4/4 Email	
3. Print:	Street:	□ Town □ Village □ City	/ /20	Phone	
Sign:	Chy: Zhp:	(Municipality Name)	(Month) (Day) (Year)	(
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Sign:	City: Zip:	(Municipality Name)	(Mouth) (Day) (Year)	(
5. Print:	Street:	□ Town □ Village □ City	/ /20	Email	
Signa:	City: Zip:	(Municipality Name)	(Mouth) (Day) (Year)	Phone (
Johanne L. Johnson	Mascey Certification of Circulator (Certify): I reside at 3143 5, 46 St	Greenfiel	Q	Circulators	

Johanna	- MONNS	on _ (certify):	: I reside at 319	2 5,46	ZZ	Greentiely	
(Print	ed Name of Circulate	or)	(Circulator's F	esidence – Street Nam	e and Number)	(Circulator Municipality)	
amed in this petition. I	know that each person s	igned the paper wit	h full knowledge of its content able under S ₁ 12.13(3)(a), Wis. S	on the date indicated oppo	site his or her name. I know	tion or district represented by the officehold their respective residences given. I support	
<u> </u>	12 /2	20 2	Ohanna (Signature of Circuit	& Amon	· Mason	Page No. (Official Use Only)]
(Month)	(Day)	(Year)	(Signature of Circula	ntor)	,,,,,,	!noħ/ o /) !

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY:			Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
1. Print: DAY 10 NG402 DSTAD	2339 N. Sherman Blvd.	Town Village City Milux Mee	1/6/2012	Email
sign New Tyrod Jack	Milwalkee 253210	(Municipality Name)	(Month) (Day) (Year)	(
2. Brenda Cirino	Street: 2690 S. 10th	□ Town □ Village ☑ 20:ity	1/6/2012	Email
Sign: Lenda Cino	City: Milale Lee zip: 53215	Municipality Name)	(Month) (Day) (Year)	Phone
3. Daniel Hull	Street: 8625 W. Schlinger Ave	☐ Town ☐ Village ■ City	1/1/2012	Email
sign: Wand Hull	West Allis 53214	WestAllis (Municipality Name)	(Month) (Day) (Year)	Phone (
4. Melanielucas	Street 9226 Ur OKlahoma	□ Town □ Village □ City	1/6/2012	Email
sign Melan Cucas	City: WS-HUIS 21p: 53227	(Municipality Name)		Phone (
5. Super Finance	Street:	□ Town □ Village □ City	1 1	Email
Sign:		(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
I, Johanna L. Johnson - Mas (Printed Name of Circulator)	Certification of Circulator Certify): I reside at 3143 S, 445 St (Circulator's Residence – Street Name and No	Greenfiel (Circulator Muni	d cinality)	Circulators,
(1 timea traine of Circulator)	(Circulator a Residence - Sireet France and Fra	(circulation name	cipani,)	Phone

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(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by .Ia

Committee to PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				! Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Sign: Susan Ponzi	street 29235. Cheveland Ally	Town Village A City (Municipality Name)	//6/2017 (Month) (Day) (Year)	Email Phone
2. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
3. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
4. Print: Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print: Sign:	City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
I, Johann Johnson- (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 3143 5.46 St (Circulator's Residence – Street Name and Nu	umber) Greenfield (Circulator Muhi	icipality)	Circulators, Please include your Phone

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со
1. Print: Terry Flechner Sign: Terry Flechner	Street: 181050.165T	Town Village City M. LWHU He C	// //20 // A (Month) (Day) (Year)	Email
Sign: Viscon Viscon New York	City: Mil WAUKER Zip: 57204	(Municipality Name)		(
Print: Paul Czarneck	Street: 1557 5. 76th St	Town Village West Allis	1/7/2012	Email
Sign: Land M	City: W. Allis zip: 453214	(Municipality Name)	(Month) (Day) (Year)	Phone (
3. Print: BARBARA FLEJTER	Street: 3437 80 445+	□ Town □ Village □ City	1/7/2012	Email
sign: 10 . The	CHY. GRANFIELD ZID: 53219	(Municipality Name)	(Month) (Day) (Year)	Phone (
4. Print: Devonte Powers	Street: 5814 W. Coldgring Rd Aft 205	□ Town □ Village □ City	1/7/2012	Email
Sign: Devonte Pourls	City: Milwayker, WZ zip: 53220	Milway Kee (Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print: Jostin OHando	Street: 3163 5. 57 th 54.	□ Town □ Village ▼City	1/0/	Email
Sign: Jest Orlando		(Municipality Name)	/ 7/2012 (Month) (Day) (Year)	Phone (
I, Johann L Johnson (Printed Name of Circulator)	Certify: I reside at Circulator's Residence - Street Name and Nu	Circulator Muni	d cinality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

Committee PO Box 25

Return by

Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

walker from office pursuant to Article Alli, Section 12 of the wisconsin Constitution and 3.3.10 of the wisconsin Statutes.				I O Box 25
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Debra A. LONe	Street: 2174 S. 64h	□ Town □ Yillage -El City	1 /1/2012	De bh
sign: Deba a. Love	city: Milweukel zip: 53218	MI/WCULKY (Municipality Name)	(Moath) (Day) (Year)	(
Print Potent GWGCHL Print W Swell Print W Swell	Street: 3005 N 58th	□ Town □ Villege □ Only	[Month) (Day) (Year)	Email
The war	City: MIW Zip: 53210	M. J. Con Curker		(Email
Print: Mary Lyne	Street: 21765-84th St	☐ Town ☐ Village □ City	[17/2012	
Sign: Many Layne	City: WesTAllis Wizip: 53227	(Municipality Name)	(Month) (Day) (Year)	Phone
4. Scott Layne	Street: 2176 5. Street	Town Village Sty Municipality Name)	(//2012	Email
sign. Stol gays	city: 4 e st A11.5 zip: 53227	(Municipality Name)	(Month) (Day) (Year)	(
5. Print: BRID & GSLICK	Street: 4901 OKLAHOMA	□ Town □ Village □ Pfy	1 / / / / / / / / / / / / / / / / / / /	Email
Sign: Biolit	city: WILWANKEE Zip: 53219	(Municipality Name)	/ / / 20 <u>\ Z</u> (Month) (Day) (Year)	Phone (
I Johanna LJohnson-M	C4:6:-4:	Creonfield	<u>, , , , , , , , , , , , , , , , , , , </u>	
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nur	nber) (Circulator Munic	ipality)	Circulators, Please include your o

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all petition. I am awa	are that falsifying tl	nis certification is pun	sishable under S.12.13(3)(a), Wis, Stats.	
	12	12012	Johnson & Shower - Masses	Page No. (Official Use Only)
(Month)	(Day)	(Year)	(Signature of Circulator)	UU#U433

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Return by.

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Email

Mame

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Vancy Prentice Sien Maney Prentice	street: 3822 N. 65th Street	Town Village A City	/ /7 /20 <u>/ 2</u>	Email Phone
J. J	city. Milwankee zip. 53216	(Municipality Name)		()
2. Print Esteban Romers	5226 S Trekaway Dr Street:	Town Greenfield	01/08/2012	Email
sign: Co febru h Romero	City: Greenfield zip: 53221	(Municipality Name)	(Month) (Day) (Year)	Phone (
Fre Romero	5226 S Tuckaway Dr.	□ Town □ Village Si City	1/8/206	Email
Leikomoro	Greenfield, WI zip. 53221	(Municipality Name)	(Month) (Day) (Year)	
4. TONI HAR deal	33 P/5 6 P. Street Melo W 532/9	□ Town □ Village □ City		Email
Jon Dudick	outer, y	(Municipality Name)	/ /8/20Z (Month) (Day) (Year)	Phone
5 - 2 - 1	City: Zip:			Email
5. Shumon work		☐ Town ☐ Village 76 City	12/12	
sign: Thornson of a violai	city: Street:	(Municipality Name)	(Month) (Day) (Year)	Phone
TI N	Certification of Circulator			
I, Johanne Johnson,	(certify): I reside at 3/43 3. 46	<u>Coreenfield</u>	· ·	Circulators,
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu	ımber) (Circulator Munic	гірашу)	Please include your co

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(Day)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Return by Ja
	Committee to
	PO Box 2569
1	Madison, WI
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				l
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Neveida Lolon Sign: Mercide Woon	Street: 3034 W. OR MAN (77)	Town Village Perty Milwankee (Municipality Name)	(Month) (Day) (Year)	Email Phone
2. Jean Kobs sign: Jean Kobs	Street: 8522 W. Stath Que- City: West Allis zip: 53227	□ Town □ Village □ City (Municipality Name)	/ /8/20 <u>/2</u> (Month) (Day) (Year)	Email Phone
3. Felicia Haskins Sign: Felicia Haskins	Street: 1801s TOND St. City: West Allis Zip: 532K4	Town Village City (Municipality Name)	1/8/20/2 (Month) (Day) (Year)	()
4. Print: EDUARDO MEDINA Sign: Ellech Under	Street: 2015 5. PINE AV 35004	□ Town □ Village □ City MILWAUKEE (Municipality Name)	1 /08/2012, (Month) (Day) (Year)	()
5. Naha Gangar Sign: Sign: Sig	- 10020 W. Mari 57. Frimi W 5321	Town Village Village (Municipality Name) Milwaukw	/ 9/26 <u>7</u> (Month) (Day) (Year)	Phone ()
I, Johanna L. Johnson, Massey 3143 S. 46 St Greenfield				Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month)

(Day)

(Printed Name of Circulator)

(Circulator Municipality)

Phone

Please include your o